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Testimony of Kimberly L. Beauregard, LCSW, President and CEO, InterCommunity, Inc.

In support of

H.B. No. 5256 (RAISED) AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR DETOXIFICATION AND SUBSTANCE ABUSE SERVICES.

H.B. No. 5254 (RAISED) AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER.

Insurance Committee Public Hearing, February 27, 2020

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato and members of the Insurance and Real Estate Committee, my name is Kimberly Beauregard and I am the President and CEO of Intercommunity Inc., the state's largest detox provider and a federally qualified health center look alike serving over 8,500 people a year throughout Northern Connecticut and the Hartford region.

Thank you for the opportunity to offer testimony in **strong support of H.B. No. 5256 (RAISED) AN ACT**CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR DETOXIFICATION AND SUBSTANCE ABUSE
SERVICES and H.B. No. 5254 (RAISED) AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR
MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER.

InterCommunity runs the largest detoxification in Connecticut. Our 35-bed unit provides 24/7 support to people taking the first step in overcoming their opioid, alcohol, or benzodiazepine addiction. InterCommunity provides this life saving service to all in need regardless of their ability to pay. Each client is assigned to a counselor and they receive individual and/or group counseling daily. Twelve-Step style recovery meetings are offered onsite five evenings a week. Referrals for continuing treatment are encouraged and arranged prior to discharge. The goal is to safely detox clients from alcohol and/or drugs and to provide education and motivation for referral.

I want to specifically offer support for **HB 5256** which would require all group and individual insurance plans, that are governed by state statute, to include: (1) family counseling and intervention services, (2) not more than seven days of inpatient hospital or nonhospital detoxification services per admission, (3) not fewer than four admissions for inpatient hospital or nonhospital detoxification services, (4) not fewer than thirty days of substance abuse services rendered to the insured or enrollee at a residential treatment facility during any year and a total of not fewer than ninety days of such services during the enrollee's lifetime, (5) not fewer than thirty sessions of outpatient or partial hospitalization substance abuse services any year and a total of not fewer than one hundred twenty sessions of such services during such enrollee's lifetime; (6) and not fewer than thirty additional sessions of outpatient or partial hospitalization substance abuse services for the insured or enrollee during the enrollee's lifetime.

All of these are necessary services but require insurance reimbursement or grant funding equal to their cost. InterCommunity's detox Medicaid reimbursement rate is \$100 below the cost of care delivery. With 87% of InterCommunity's patients on Medicaid and another 9% either on Medicare or without any insurance, InterCommunity's losses are unsustainable. Although commercial insurances reimburse at a sustainable rate after deductables are met, only 4% of detox patients at InterCommunity have commercial insurances.

We know that addiction does not discriminate. While there are certainly other factors at play, it is clear that this small percentage of private pay does not capture the need of many individuals with private insurance. By requiring health insurance plans to cover detox services and additional services, it will ensure that more people in Connecticut have access to well needed services. Too many plans have high deductibles or co-pays,

limits on treatment stays and length and create other barriers to treatment. Deductables are particularly problematic and often result in providers like Intercommunity not being paid.

We are a true safety net provider for detox services since we accept people in need 24 hours a day 7 days a week, regardless of their ability to pay. However, this has become increasingly challenging with our payor mix.

Despite the increased attention to opioid overdoses, according to the Chief Medical Examiner Connecticut accidental intoxication deaths jumped 18% to hit a record high 1,200 in 2019. Unfortunately, too many residents are not getting the services they need in a timely manner. Providing additional coverage for these necessary services will provide more people with opportunities to get the necessary treatment.

I would urge this Committee to address the inadequate grants and funding for detox services and prioritize this service so we can continue offering vital detox and substance abuse services for some of the most vulnerable people in the state.